

EXHIBIT A

EXHIBIT A-1

HCDistrictclerk.comSOLOMON, LIZZIE MAE (INDIVIDUALLY AND AS vs.
LINCOLN NATIONAL CORPORATION (DBA LINCOL
Cause: 201533830 CDI: 7 Court: 334

8/13/2015

APPEALS

No Appeals found.

COST STATMENTS

No Cost Statments found.

TRANSFERS

No Transfers found.

POST TRIAL WRITS

No Post Trial Writs found.

ABSTRACTS

No Abstracts found.

SETTINGS

No Settings found.

NOTICES

No Notices found.

SUMMARY**CASE DETAILS**

File Date	6/11/2015
Case (Cause) Location	Civil Intake 1st Floor
Case (Cause) Status	Active - Civil
Case (Cause) Type	Debt/Contract - Consumer/DTPA
Next/Last Setting Date	N/A
Jury Fee Paid Date	N/A

COURT DETAILS

Court	334 th
Address	201 CAROLINE (Floor: 15) HOUSTON, TX 77002 Phone:7133686500
JudgeName	GRANT DORFMAN
Court Type	Civil

ACTIVE PARTIES

Name	Type	Post Jdgm	Attorney
SOLOMON, LIZZIE MAE (INDIVIDUALLY AND AS REPRESENTATIVE OF THE ESTATE 540 HEIGHTS BLVD., HOUSTON, TX 77007	PLAINTIFF - CIVIL		JOHNSON, MICHEAL ANTHONY
LINCOLN NATIONAL CORPORATION (DBA LINCOLN NATIONAL INSURANCE COMPANY)	DEFENDANT - CIVIL		
LINCOLN NATIONAL LIFE INSURANCE COMPANY	DEFENDANT - CIVIL		
ESTATE OF CRAIG AVERY CARROLL (DECEASED)	PLAINTIFF - CIVIL		JOHNSON, MICHEAL ANTHONY

LINCOLN NATIONAL CORPORATION (DBA REGISTERED AGENT
LINCOLN NATIONAL INSURANCE COMPANY)

1300 S CLINTON STREET, FORT WAYNE, IN 46801

LINCOLN NATIONAL LIFE INSURANCE REGISTERED AGENT
COMPANY BY SERVING THE TEXAS SECRETARY

8801 INDIAN HILLS DRIVE, OMAHA, NE 68118-4066

INACTIVE PARTIES

No inactive parties found.

JUDGMENT/EVENTS

Date	Description	Order Signed	Post Jdgm	Pgs Volume /Page	Filing Attorney	Person Filing
6/11/2015	ORIGINAL PETITION			0	JOHNSON, MICHEAL ANTHONY	SOLOMON, LIZZIE MAE (INDIVIDUALLY AND AS REPRESENTATIVE OF THE ESTATE)
6/11/2015	ORIGINAL PETITION			0	JOHNSON, MICHEAL ANTHONY	ESTATE OF CRAIG AVERY CARROLL (DECEASED)

SERVICES

Type	Status	Instrument	Person	Requested	Issued	Served	Returned	Received	Tracking	Deliver To
CITATION (SECRETARY OF STATE CORPORATE NON-RESIDENT	SERVICE RETURN/EXECUTED	ORIGINAL PETITION	LINCOLN NATIONAL CORPORATION (DBA LINCOLN NATIONAL INSURANCE COMPANY)	6/12/2015	6/17/2015	7/17/2015	7/30/2015		73141012	CIV AGCY- CIVILIAN SERVICE AGENCY
1300 S CLINTON STREET FORT WAYNE IN 46801										
CITATION (SECRETARY OF STATE CORPORATE NON-RESIDENT	SERVICE RETURN/EXECUTED	ORIGINAL PETITION	LINCOLN NATIONAL LIFE INSURANCE COMPANY BY SERVING THE TEXAS SECRETARY	6/12/2015	6/17/2015	7/17/2015	7/30/2015		73141014	CIV AGCY- CIVILIAN SERVICE AGENCY

DOCUMENTS

Number	Document	Post Jdgm	Date	Pgs
66427695	Citation-Lincoln National Corporation		07/30/2015	2
66427696	RETURN OF SERVICE- LINCOLN NATIONAL LIFE INSURANCE COMPANY		07/30/2015	2
65799001	Plaintiffs' Original Petition		06/11/2015	6
-> 65799003	Civil Case Information Sheet		06/11/2015	1
-> 65799004	Civil Process Request		06/11/2015	2
-> 65799002	Exhibit A		06/11/2015	3

GZJ ~~DKV~~'C/4''

CAUSE NO: _____

LIZZIE MAE SOLOMON, Individually §
and as Representative of the ESTATE of §
CRAIG AVERY CARROLL, §
DECEASED §

IN THE CIVIL DISTRICT COURT

OF HARRIS COUNTY, T E X A S

vs.

LINCOLN NATIONAL §
CORPORATION d/b/a LINCOLN §
NATIONAL LIFE INSURANCE §
COMPANY and LINCOLN §
NATIONAL LIFE INSURANCE §
COMPANY §

_____ JUDICIAL DISTRICT

PLAINTIFFS' ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COME, LIZZIE MAE SOLOMON, Individually and as Representative of the ESTATE of CRAIG AVERY CARROLL, DECEASED, Plaintiffs, and respectfully file this Original Petition, complaining of LINCOLN NATIONAL CORPORATION d/b/a LINCOLN NATIONAL INSURANCE COMPANY (Lincoln Corp) and LINCOLN NATIONAL INSURANCE COMPANY (Lincoln National), Defendants, and would show the following:

I.

NATURE OF THE CASE

CRAIG AVERY CARROLL was employed by Memorial Hermann Healthcare System, and had a life insurance policy through his job with Lincoln National Life Insurance Company. Mr. Carroll died on March 7, 2011. On April 11, 2011, Plaintiff, Lizzie Mae Solomon, Mr. Carroll's mother in-law, timely applied for benefits under the policy with Defendants Lincoln Corp. And Lincoln National. See attached Exhibit A, which is incorporated by reference as if set out verbatim. On June 11, 2011, Defendants Lincoln Corp. And/or Lincoln National denied Plaintiff's claim for allegedly not providing additional information regarding Decedent's health at the time of his death. Despite subsequent inquiries by Plaintiff, Defendants Lincoln Corp and/or Lincoln National never informed Plaintiff as to the reasons it needed the additional information. This is a suit to recover damages arising from Defendants' unfair refusal to pay death benefits as represented by their life insurance policy Plaintiff's son-in-law was paying for. Plaintiff is a third party beneficiary of the contract between her

son-in law and the Defendants, has standing to bring this claim, and seeks relief under the common law, the Texas Deceptive Trade Practices-Consumer Protection Act, the Texas Insurance Code, as well as for damages under a breach of contract theory.

II.

DISCOVERY CONTROL PLAN

Pursuant to Rule 190.1, Texas Rules of Civil Procedure as promulgated by the Texas Supreme Court as effective January 1999, this cause shall be conducted under Level II Discovery Control Plan.

III.

PARTIES

Plaintiff, **Lizzie Mae Solomon**, individually and as representative of the Estate of Craig Avery Carroll, Deceased, is an individual residing in Houston, Harris County, Texas.

Defendant, **Lincoln National Corporation d/b/a/ Lincoln National Life Insurance Company**, located at 1300 S. Clinton Street, Fort Wayne, Indiana 46801, is a corporation doing business in the state of Texas, may be served with service of process by serving its registered agent, Secretary of State, Service of Process, P.O. Box 12079, Austin, Texas 78711-2079.

Defendant **Lincoln National Life Insurance Company**, located 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066, is a corporation doing business in the state of Texas, may be served with service of process by serving its registered agent, Secretary of State, Service of Process, P.O. Box 12079, Austin, Texas 78711-2079.

IV.

VENUE

Venue is proper in Harris County pursuant to Tex. Civ. Prac. & Rem. Code Ann. §§ 15.001 and 15.036, and pursuant to Tex. Bus. & Corn. Code Ann. § 17.56, because the cause of action accrued in Harris County, Texas

V.

CONDITIONS PRECEDENT

All conditions precedent to recovery have been performed or have occurred. If a condition precedent has not been met, then Plaintiff agrees to abate the proceedings until such time as the condition is met.

VI.

**FIRST CAUSE OF ACTION:
BREACH OF CONTRACT**

Defendants **Lincoln Corp. and Lincoln National**, jointly and/or severally, breached the insurance contract by refusing to provide death benefits to Plaintiff, resulting in damages to Plaintiff. Ms. Solomon, the beneficiary, fully performed all of her obligations under the contract. Ms. Solomon had to borrow money to bury her son-in-law because of Defendants' refusal to pay the benefits under the policy. The insurance policy's premium payments were taken directly out of the deceased's payroll check every pay period. Thus, the deceased did all that was required of him to create a binding and enforceable contract for life insurance death benefits with the Defendants. Defendants refused to honor that contract by paying the death benefits to Plaintiff, creates a breach of contract cause of action for Plaintiff.

VII.

**SECOND CAUSE OF ACTION:
VIOLATIONS OF DECEPTIVE TRADE PRACTICES ACT**

Defendants **Lincoln Corp. and Lincoln National**, jointly and/or severally, are guilty of false, misleading, and deceptive acts and practices prohibited by Deceptive Trade Practices Act (DTPA). These practices have been producing causes of Plaintiff's actual damages. Specifically, Defendant, through its agent, Memorial Herman Hospital Healthcare System, advertised the life insurance death benefits Plaintiff in such a manner that Defendants fully intended for Craig Avery Carroll, the decedent, to purchase the insurance death benefits. Craig Avery Carroll did purchase the life insurance death benefits. However, Defendants, jointly and/or severally, failed and refused to honor said contract. Defendants conduct violates

Section 17.46(b)(23) of the Texas Business and Commerce Code, more commonly known as the Deceptive Trade Practices Act. Defendant's conduct is also an unconscionable act as that term is defined under Section 17.50(a)(3).

**VIII.
THIRD CAUSE OF ACTION:
UNFAIR INSURANCE PRACTICES**

Defendants, **Lincoln Corp. and Lincoln National**, jointly and/or severally, are guilty of unfair insurance practices in violation of article 21.21 of the Texas Insurance Code, and the statutes, rules, and regulations incorporated by that provision. These unfair practices have been producing causes of Plaintiff's actual damages. Specifically, Defendants' refusal to pay benefits under a valid claim violated Article 21.21 section 4(10), in that its conduct was an unfair settlement practices against Lizzie Mae Solomon, as well as constituting misrepresenting the benefits promised by the policy, in violation of Article 21.21 section 4(1), Article 21.21, section 4(11).

**IX.
FOURTH CAUSE OF ACTION:
BREACH OF THE DUTY OF GOOD FAITH AND FAIR DEALING**

Defendants, **Lincoln Corp. and Lincoln National**, jointly and/or severally, have breached their duty of good faith and fair dealing by denying Plaintiff's claims without any reasonable basis and by failing to conduct a reasonable investigation of Plaintiff's claims. Defendants' breach has been a producing and proximate cause of Plaintiff's actual damages.

**X.
DAMAGES**

Defendants' **Lincoln Corp. and Lincoln National** acts have been producing and proximate causes of damages to Plaintiff's in excess of the minimum jurisdictional limits of this court.

XI.
ADDITIONAL DAMAGES & PENALTIES

Defendants' **Lincoln Corp.** and **Lincoln National** conduct was committed knowingly. Accordingly, Defendant is liable for additional damages as authorized by Tex. Ins. Code Ann. Article 21.21, and the Texas Deceptive Trade Practices Act.

Defendants Lincoln Corp and Lincoln National, jointly and/or severally, acted with conscious indifference to the rights of Plaintiff in breaching its duty of good faith and fair dealing; therefore, **Defendants Lincoln Corp and Lincoln National** is liable for exemplary damages.

Plaintiff is entitled to the 12% penalty allowed by Tex. Ins. Code Ann. Article 3.62-1, based on Defendants' refusal to pay his claim.

XII.
ATTORNEY'S FEES


Plaintiff is entitled to reasonable and necessary attorney's fees pursuant to Tex. Civ. P. 216.

WHEREFORE, PREMISES CONSIDERED, Plaintiff, **LIZZIE MAE SOLOMON**, Individually and as Representative of the **ESTATE of CRAIG AVERY CARROLL, DECEASED**, Plaintiffs, respectfully prays that Defendants **LINCOLN NATIONAL CORPORATION d/b/a LINCOLN NATIONAL INSURANCE COMPANY** (Lincoln Corp.) and **LINCOLN NATIONAL INSURANCE COMPANY** (Lincoln National), Defendants, and would show the following, be cited to appear and answer herein and that upon trial of this cause, Plaintiff be awarded:

1. Judgment against Defendant for Plaintiff's damages in the amount of \$50,000.00;
2. Exemplary and/or punitive damages in the amount of \$50,000.00;
3. Costs of Court;
4. Attorneys' fees as plead; and
5. Such other and further relief, general and special, to which Plaintiff may be entitled, either at law or in equity.

Respectfully submitted,

LAW OFFICES OF WAVERLY R. NOLLEY
& ASSOCIATES, P.C.

By: 
WAVERLY R. NOLLEY
Texas Bar No.: 15067420
MICHEAL A. JOHNSON
Texas Bar No.: 10770800
540 Heights Blvd., 2nd Floor
Houston, Texas 77007
Telephone: (713) 880-2255
Telecopier: (713) 880-0415

ATTORNEYS FOR PLAINTIFF

Exhibit

A



The Lincoln National Life Insurance Company, PO Box 2649, Omaha, NE 68103 2649
 toll free (800) 423-2765 Fax (800) 467-4660
 www.LFG.com

TO BE COMPLETED BY THE BENEFICIARY

Please type or print legibly—name and address as stated will appear on checks

Name Lizzie M. Schomert Sex: ☐ Male ☒ Female
 First Middle Initial Last
 Address 4350 ELMWOOD ST Relationship to Deceased SON-IN-LAW
 Street Apartment No. Home Phone (832) 231-5545
HOUSTON TEXAS 77051 Daytime Phone (832) 231-5545
 City State Zip
 Beneficiary's Social Security Number or Taxpayer Identification Number [REDACTED] 0753 Date of Birth [REDACTED] 40
 Month Day Year
 Email Address _____

If the amount payable to you is \$5,000 or more, our usual method of payment is to open an Access Account, which gives you complete control of your funds. If the amount is below \$5,000, you will be paid with a single check.

An Access Account is a personal, interest-bearing account, designed specifically for flexibility and security for your Life Insurance Benefits. An Access Account can be incredibly useful to you during this particularly stressful period. Determining what to do with insurance proceeds is an important decision that should not be rushed. So, instead of receiving a lump sum of money through the mail, you will receive a checkbook and the peace of mind that comes with knowing your benefit is secure and earning interest while you evaluate your options.

Additional Benefits of the Access Account:

- Safe** All amounts of Life Insurance Benefits including interest earned, are fully protected and guaranteed by The Lincoln National Life Insurance Company.
- Free** You will receive unlimited free checks as long as your Access Account is open. You may write checks for any amount over \$250 and up to your full balance at any time. There are no fees for withdrawing any amount from your Access Account.
 There are no annual or monthly fees associated with your account. The Access Account is completely free to have and use.
 You will receive free monthly statements showing your account balance, interest earned, and transactions for the month.
- Interest** Interest on your account balance is compounded daily and credited to the account on the 20th of every month. The interest rate is set competitively and is responsive to market conditions.
- Convenient** When your balance falls below \$1,250, we automatically close your account on the 20th of the month and send you a check for the remaining balance plus accrued interest. If you wish to close your account before then, just write a check for the entire account balance, and your account will be closed without penalty of loss of interest. Any remaining interest due to you will be mailed to you on the 20th of the month following the date your account is closed.

Personalized Service Toll free number to speak with your personal Access Account Specialist for assistance with your account

I understand that The Lincoln National Life Insurance Company furnishes this form without waiving any defense the Company may have or admitting that any insurance is in force. I agree to furnish statements by physicians who attended or treated the deceased and all other documents requested by the Company as proof of death.

I have completed and attached the Authorization for Release of Information. A photocopy of this authorization shall be as valid as the original.

I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number information listed above is correct. I understand that my signature may be used for signature verification for my Access Account and other purposes.

Signature Lizzie Mae Schomert Date 04/11/2011
 (Sign as you would a check as signature may be used for check verification)

AUTHORIZATION FOR RELEASE OF INFORMATION

1. I, **(the undersigned)** authorize any physician, medical professional, pharmacist or other provider of health care services, hospital, clinic, other medical or medically related facility; coroner's office; insurance or reinsurance company; government agency; department of labor; law enforcement or public safety department; group policyholder; employer; or policy or benefit plan administrator to release information from the records of:

Claimant/Insured Name: Solomon Lizz'e Mae
(Last) (First) (Middle)

Date of Birth [REDACTED] / 40 Social Security Number: [REDACTED] 0753

2. Claimant/Insured information to be released:
data or records regarding medical history, treatment, prescriptions, consultations, autopsy [including medical and psychological reports, records, charts, notes (excluding psychotherapy notes), x-rays, films or correspondence, and any medical condition(s)];
any information regarding insurance coverage; and
accident report or any official investigative reports (such as police, fire, FAA, OSHA, or toxicology report).
3. Information to be released to: The Lincoln National Life Insurance Company
PO Box 2649
Omaha, NE 68103 2649
4. I understand the information obtained by use of this Authorization will be used by The Lincoln National Life Insurance Company ("Company") to evaluate my claim for death benefits. The Company will only release such information:
to its reinsurer, or other persons or organizations performing business or legal services in connection with my claim(s); or
as otherwise may be required by law or as I may further authorize.
I further understand that refusal to sign this Authorization may result in the denial of benefits.
5. I understand the information used or disclosed may be subject to re disclosure by the recipient and may no longer be protected by federal law. For Colorado claims, the disclosed information may not be redisclosed or reused by the recipient under Colorado law.
6. I understand that I may revoke this Authorization in writing at any time, except to the extent:
(1) the Company has taken action in reliance on this Authorization; or
(2) the Company is using this Authorization in connection with a contestable claim.
If written revocation is not received, this Authorization will be considered valid for a period of time not to exceed 24 months from the date of my signature below. To initiate revocation of this Authorization, direct all correspondence to the Company at the above address.
7. A photocopy of this Authorization is to be considered as valid as the original.
8. I understand I am entitled to receive a copy of this Authorization.

SIGNATURE:

Lizzie Mae SolomonDATE: 04/11/2011

Claimant/legal representative (Nearest relative, legal guardian, or appointed representative to sign only if claimant/insured is a minor, legally incompetent, or deceased.) Power of attorney or guardianship must be attached.

PRINT NAME:

Lizz'e MAE Solomon

Relationship to Claimant/Insured of personal/legal representative signing for Claimant/Insured: _____

ADDRESS:

H3506 Elmwood ST

(Street)

PHONE NO: (832) 231-5545Houston

(City)

TEXAS 77051

(State)

(Zip Code)

EXHIBIT A-3

CAUSE NUMBER (FOR CLERK USE ONLY):

COURT (FOR CLERK USE ONLY):

STYLED

Lizzie Mae Solomon et al vs Lincoln National

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet: Name: <u>Michael A. Thurm</u> Email: <u>majors-nolky@hotmail.com</u> Address: <u>540 Heights Blvd. #207</u> Telephone: <u>713-880-2255</u> City/State/Zip: <u>Houston, TX 77007</u> Fax: <u>713-880-0415</u> Signature: <u>Michael A. Thurm</u> State Bar No: <u>10770800</u>		Names of parties in case: Plaintiff(s)/Petitioner(s): <u>Lizzie Mae Solomon</u> Defendant(s)/Respondent(s): <u>Lincoln National Corporation</u> <u>Lincoln National Life</u> <u>Insurance Company</u> [Attach additional page as necessary to list all parties]		Person or entity completing sheet is: <input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
		Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____		
2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil			Family Law	
Contract <input checked="" type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____			
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____	Probate & Mental Health Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			
3. Indicate procedure or remedy, if applicable (may select more than 1):				
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
4. Indicate damages sought (do not select if it is a family law case):				
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input checked="" type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000				

GZJ ~~DKV~~'C/6''

CIVIL PROCESS REQUEST

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING
FOR WRITS FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO BE SERVED

CASE NUMBER: _____ CURRENT COURT: _____

TYPE OF INSTRUMENT TO BE SERVED (See Reverse For Types): Plaintiff's Original Petition

FILE DATE OF MOTION: 6 11 2015
Month/ Day/ Year

SERVICE TO BE ISSUED ON (Please List Exactly As The Name Appears In The Pleading To Be Served): _____

1. NAME: Lincoln National Corporation d/b/a Lincoln National Life Insurance Company
ADDRESS: 1300 Clinton Street, Fort Wayne, Indiana 46801
AGENT, (if applicable): Secretary of State, Service of Process, P.O. Box 12079, Austin, TX 78711-2079
TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): Citation

SERVICE BY (check one):

- ☐ ATTORNEY PICK-UP ☐ CONSTABLE
☒ CIVIL PROCESS SERVER - Authorized Person to Pick-up: Ron Harris Phone: 713-545-2336
☐ MAIL ☐ CERTIFIED MAIL
☐ PUBLICATION:
Type of Publication: ☐ COURTHOUSE DOOR, or
☐ NEWSPAPER OF YOUR CHOICE: _____
☐ OTHER, explain _____

2. NAME: Lincoln National Life Insurance Company
ADDRESS: 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066
AGENT, (if applicable): Secretary of State, Service of Process, P.O. Box 12079, Austin, TX 78711-2079
TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): Citation

SERVICE BY (check one):

- ☐ ATTORNEY PICK-UP ☐ CONSTABLE
☒ CIVIL PROCESS SERVER - Authorized Person to Pick-up: Ron Harris Phone: 713-545-2336
☐ MAIL ☐ CERTIFIED MAIL
☐ PUBLICATION:
Type of Publication: ☐ COURTHOUSE DOOR, or
☐ NEWSPAPER OF YOUR CHOICE: _____
☐ OTHER, explain _____

ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

NAME: Michael A. Johnson TEXAS BAR NO./ID NO. 10770800
MAILING ADDRESS: 540 Heights Blvd, 2nd Floor, Houston, TX 77007
PHONE NUMBER: 713 880-2255 FAX NUMBER: 713 880-0415
area code phone number area code fax number
EMAIL ADDRESS: mjohns-rolley@hotmail.com

SERVICE REQUESTS WHICH CANNOT BE PROCESSED BY THIS OFFICE WILL BE HELD FOR 30 DAYS PRIOR TO CANCELLATION. FEES WILL BE REFUNDED ONLY UPON REQUEST, OR AT THE DISPOSITION OF THE CASE. SERVICE REQUESTS MAY BE REINSTATED UPON APPROPRIATE ACTION BY THE PARTIES.

INSTRUMENTS TO BE SERVED:

(Fill In Instrument Sequence Number, i.e. 1st, 2nd, etc.)

ORIGINAL PETITION

_____ AMENDED PETITION
_____ SUPPLEMENTAL PETITION

COUNTERCLAIM

_____ AMENDED COUNTERCLAIM
_____ SUPPLEMENTAL COUNTERCLAIM

CROSS-ACTION:

_____ AMENDED CROSS-ACTION
_____ SUPPLEMENTAL CROSS-ACTION

THIRD-PARTY PETITION:

_____ AMENDED THIRD-PARTY PETITION
_____ SUPPLEMENTAL THIRD-PARTY PETITION

INTERVENTION:

_____ AMENDED INTERVENTION
_____ SUPPLEMENTAL INTERVENTION

INTERPLEADER

_____ AMENDED INTERPLEADER
_____ SUPPLEMENTAL INTERPLEADER

INJUNCTION

MOTION TO MODIFY

SHOW CAUSE ORDER

TEMPORARY RESTRAINING ORDER

BILL OF DISCOVERY:

ORDER TO: _____
(specify)

MOTION TO: _____
(specify)

PROCESS TYPES:

NON WRIT:

CITATION
ALIAS CITATION
PLURIES CITATION
SECRETARY OF STATE CITATION
COMMISSIONER OF INSURANCE
HIGHWAY COMMISSIONER
CITATION BY PUBLICATION
NOTICE
SHORT FORM NOTICE

PRECEPT (SHOW CAUSE)
RULE 106 SERVICE

SUBPOENA

WRITS:

ATTACHMENT (PROPERTY)
ATTACHMENT (WITNESS)
ATTACHMENT (PERSON)

CERTIORARI

EXECUTION
EXECUTION AND ORDER OF SALE

GARNISHMENT BEFORE JUDGMENT
GARNISHMENT AFTER JUDGMENT

HABEAS CORPUS
INJUNCTION
TEMPORARY RESTRAINING ORDER

PROTECTIVE ORDER (FAMILY CODE)
PROTECTIVE ORDER (CIVIL CODE)

POSSESSION (PERSON)
POSSESSION (PROPERTY)

SCIRE FACIAS
SEQUESTRATION
SUPERSEDEAS

EXHIBIT A-5

CAUSE NO. 201533830

RECEIPT NO.	0.00	CIV
*****		TR # 73141012
PLAINTIFF: SOLOMON, LIZZIE MAE (INDIVIDUALLY AND AS REPRESENT	In The	334th
vs.	Judicial District Court	
DEFENDANT: LINCOLN NATIONAL CORPORATION (DBA LINCOLN NATIONAL	of Harris County, Texas	
	334TH DISTRICT COURT	
	Houston, TX	

CITATION (SECRETARY OF STATE CORPORATE NON-RESIDENT)

THE STATE OF TEXAS
County of Harris

TO: LINCOLN NATIONAL CORPORATION (DBA LINCOLN NATIONAL INSURANCE COMPANY)
BY SERVING THE TEXAS SECRETARY OF STATE P O BOX 12079 AUSTIN, TEXAS 78711-
2079 FORWARD TO:
1300 S CLINTON STREET FORT WAYNE IN 46801

Attached is a copy of PLAINTIFF'S ORIGINAL PETITION

This instrument was filed on the 11th day of June, 2015, in the above cited cause number and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a written answer with the District Clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of 20 days after you were served this citation and petition, a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 17th day of June, 2015, under my hand and seal of said Court.

Issued at request of:
JOHNSON, MICHEAL ANTHONY
540 HEIGHTS BLVD
HOUSTON, TX 77007
Tel: (713) 880-2255
Bar No.: 10770800



Chris Daniel
CHRIS DANIEL, District Clerk
Harris County, Texas
101 Caroline Houston, Texas 77002
(P.O. Box 4651, Houston, Texas 77210)

GENERATED BY: TEZENO, CHARLIE CMA//10120790

OFFICER/AUTHORIZED PERSON RETURN

Received on the ____ day of _____, _____, at _____ o'clock ____ .M., and
executed the same in _____ County, Texas, on the ____ day of _____, _____, at
_____ o'clock ____ .M., by summoning the _____,

by delivering to _____, in person _____

a corporation <

by leaving in the principal office during office hours

_____ of the said _____

a true copy of this notice, together with accompanying copy of

Serving _____ copy _____ \$ _____

**AFFIDAVIT
ATTACHED**

Affiant

By _____
Deputy

On this day, _____, known to me to be the person whose
signature appears on the foregoing return, personally appeared. After being by me duly sworn,
he/she stated that this citation was executed by him/her in the exact manner recited on the
return.

SWORN TO AND SUBSCRIBED BEFORE ME, on this ____ day of _____.

Notary Public



AFFIDAVIT OF SERVICE

State of Texas

County of Harris

334th Judicial District Court

Case Number: 201533830

Plaintiff:

LIZZIE MAE SOLOMON

vs.

Defendant:

**LINCOLN NATIONAL CORPORATION D/B/A LINCOLN NATIONAL
INSURANCE COMPANY**

For:

Michael Anthony Johnson
540 Heights Blvd
Houston, TX 77007

Received by On Time Process Service on the 13th day of July, 2015 at 8:00 am to be served on **Lincoln National Corporation D/B/A Lincoln National Insurance Company c/o Texas Secretary of State, 1019 Brazos Street, Austin, TX 78701.**

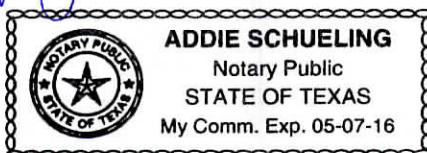
I, Pat Young, being duly sworn, depose and say that on the **17th day of July, 2015 at 11:30 am, I:**

Executed service to the **TEXAS SECRETARY OF STATE** by delivering a true copy and duplicate copy of the **Citation, Copy of Plaintiff's Original Petition** with the date and hour of service endorsed thereon by me, to: **Venita Okpegbue, of Texas Secretary of State at 1019 Brazos Street, Austin, TX 78701**, as a designated acceptance agent for the Texas Secretary of State for service of process to **Lincoln National Corporation D/B/A Lincoln National Insurance Company**. An administrative fee of \$55.00 was also tendered.

"I certify that I am over the age of 18, have no interest in the above action, and am a Certified Process Server in good standing in the judicial circuit in which the process was served. I have personal knowledge of the facts set forth in this affidavit, and they are true and correct."

Subscribed and Sworn to before me on the 17th day of
July, 2015 by the affiant who is personally known to me.


NOTARY PUBLIC




Pat Young
SCH-5863 Exp-9/30/2015

On Time Process Service
1700 Pacific Ave
Suite 1040
Dallas, TX 75201
(214) 740-9999

Our Job Serial Number: ONT-2015002600
Ref: LIZZIE SOLOMAN



CAUSE NO. 201533830

RECEIPT NO.	0.00	CIV
*****		TR # 73141014
PLAINTIFF: SOLOMON, LIZZIE MAE (INDIVIDUALLY AND AS REPRESENT	In The 334th	
vs.	Judicial District Court	
DEFENDANT: LINCOLN NATIONAL CORPORATION (DBA LINCOLN NATIONAL	of Harris County, Texas	
	334TH DISTRICT COURT	
	Houston, TX	

CITATION (SECRETARY OF STATE CORPORATE NON-RESIDENT)

THE STATE OF TEXAS
County of Harris

TO: LINCOLN NATIONAL LIFE INSURANCE COMPANY BY SERVING THE TEXAS SECRETARY
OF STATE P O BOX 12079 AUSTIN, TEXAS 78711-2079 FORWARD TO:
8801 INDIAN HILLS DRIVE OMAHA NE 681184066

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a corporation <
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a true copy of this notice, together with accompanying copy of
Serving _____ copy _____ \$ _____

Affiant

By _____
Deputy

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SWORN TO AND SUBSCRIBED BEFORE ME, on this ____ day of _____, _____.

Notary Public



AFFIDAVIT OF SERVICE

State of Texas

County of Harris

334th Judicial District Court

Case Number: 201533830

Plaintiff:

LIZZIE MAE SOLOMON

vs.

Defendant:

**LINCOLN NATIONAL CORPORATION D/B/A LINCOLN NATIONAL
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For:

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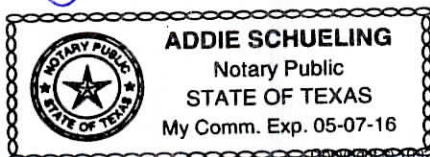
I, Pat Young, being duly sworn, depose and say that on the **17th day of July, 2015 at 11:31 am, I:**

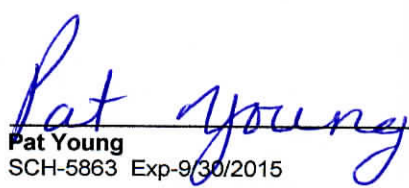
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NOTARY PUBLIC




Pat Young

SCH-5863 Exp-9/30/2015

On Time Process Service
1700 Pacific Ave
Suite 1040
Dallas, TX 75201
(214) 740-9999

Our Job Serial Number: ONT-2015002601
Ref: LIZZIE SOLOMAN

